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Araştırma Makalesi

DETERMINING THE EFFECT OF LOCAL PEOPLE'S PERCEPTION OF HEALTH TOURISM ON THE SUPPORT GIVEN TO HEALTH TOURISM: EXAMPLE OF AKYAZI

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Abstract

Health tourism, which is a sub-field of tourism, has an important place in the development of countries and regions. It is the people living in that region who are most affected by the development of health tourism activities in a region. Perceptions and support of local people have important effects on the development and sustainability of health tourism in a destination. It should be ensured that the local people have positive perceptions about the effects of health tourism and support tourism development. In this study, the effect of four factors affecting health tourism on the support of local people to the development of health tourism was investigated. Study data were collected through face-to-face survey application to 392 participants residing in Akyazı. The research model and hypotheses developed in line with the purpose of the study were tested with the structural equation model using AMOS 4 and SPSS 22 package programs. As a result of the test, it was determined that the model had a good fit. It has been determined that the effect of socio-cultural and health-related factors on the total impact of health tourism development is significant. The total impacts, economic and health impact variables were all found to have a significant impact on the local community's support for health tourism development.

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Keywords: *Health Tourism, Tourism Impacts, Support of Tourism, Structural Equation Model, Akyazı*

YEREL HALKIN SAĞLIK TURİZMİ ALGISININ SAĞLIK TURİZMİNE VERİLEN DESTEK ÜZERİNE ETKİSİNİN BELİRLENMESİ: AKYAZI ÖRNEĞİ[1]

Öz

Turizmin alt alanı olan sağlık turizmi ülkelerin ve bölgelerin kalkınmasında önemli bir yere sahiptir. Sağlık turizmi faaliyetlerinin bir yöredeki gelişiminden en fazla etkilenen o bölgede yaşayan halktır. Sağlık turizminin bir destinasyonda gelişimi ve sürdürülebilirliği üzerinde yerel halkın algıları ve desteği önemli etkiler yaratmaktadır. Sağlık turizminin etkilerine yönelik yerel halkın olumlu algılara sahip olması ve turizm gelişimini desteklemesi sağlanmalıdır. Bu çalışmada sağlık turizmini etkileyen dört faktörün sağlık turizminin yerel halkın sağlık turizminin gelişimine verdiği desteğe etkisi araştırılmıştır. Çalışma verileri Akyazı'da ikamet eden 392 katılımcıya yüz yüze anket uygulamasıyla toplanmıştır. Çalışmanın amacı doğrultusunda geliştirilen araştırma modeli ve hipotezler AMOS 4 ve SPSS 22 paket programları kullanılarak yapısal eşitlik modeli ile test edilmiştir. Test sonucunda modelin iyi bir uyuma sahip olduğu belirlenmiştir. Sosyo-kültürel ve sağlıkla ilgili faktörlerin sağlık turizmi gelişiminin toplam etkisi üzerindeki etkisinin anlamlı olduğu tespit edilmiştir. Toplam etkiler, ekonomik ve sağlık etkileri değişkenlerinin hepsinin yerel halkın sağlık turizminin gelişimine verdiği destek üzerinde önemli bir etkisi olduğu bulunmuştur.

Anahtar Kelimeler: *Sağlık Turizmi, Turizm Etkileri, Turizm Desteği, Yapısal Eşitlik Modeli, Akyazı*

INTRODUCTION

In recent years, community leaders and tourist officials have viewed health tourism as a major industry branch with the potential to boost the economy, develop local health systems, create jobs, and increase the country's, region's and local community's earnings (Cormany and Baloğlu, 2011, p. 713). Health tourism mobility, which is carried out both for maintaining a healthy life and for direct medical intervention, meets the needs of health tourists from various countries and provides many benefits to destinations with tourism potential (Connell, 2011, p. 300).

Those who live in areas where health tourism and thermal tourism have promise expect their social welfare to improve as health tourism and thermal tourism flourish in their area. Health tourism's potential impact on community well-being is due to its ability to provide major economic advantages and job possibilities in the community health sector (Connell, 2013, p. 120). Increasing the number of employment available is critical to communities' economic and consumer well-being. Increased employment and sales generate more revenue for society, which boosts the country's gross domestic product (GDP). The quality of life in society and

[1] This study was carried out with the permission of Sakarya University of Applied Sciences Scientific Research Ethics Committee, number E-26428519-044-10065, dated 14.04.2021.

the joy of living in it improves as a result of social and economic welfare (Epley and Menon, 2008, p. 290). Such effects are especially important for this study, which is planned to be carried out for the people of Akyazı, who has health tourism potential.

The spread of health tourism planning, expanding employment opportunities, and the increase in foreign exchange revenues will ensure the formation of an improved health system that will also benefit the local people (LVCVA, 2013). A strategic plan has been developed in Turkey under the direction of the Ministry of Culture and Tourism and the Ministry of Health to ensure the development of geographical regions with health tourist and thermal tourism potential from 2007 to 2023. Within this plan, master plans were prepared for four regions, including Sakarya and Akyazı. In order to support the private sector, land and thermal resources were allocated by the state, strategies to develop the infrastructure and superstructure were created, feasibility studies were conducted by experts, and complex settlements for social-cultural activity centers were designed. With the activities within the scope of action plans carried out at the national level, many state investments have been made in regions with health and thermal tourism potential such as Sakarya, economic income increases and sectoral developments have been experienced. In addition, an increase in demand was observed by creating national and international customer markets (T. C. Sakarya Governorship, 2019). The development of health tourism in Sakarya is being studied for Akyazı, which has thermal health tourism potential.

There are studies in the literature that look at the positive and negative consequences of tourism development on people in the region and their surroundings, as well as how these effects are reflected in people's perceptions and behavior (Jurowski and Gursoy, 2004; Choi and Sırakaya, 2006; Cengiz and Kırkbir, 2007; Erkılıç, 2019). These studies evaluate local people's perception of the effects of eco-tourism, nature tourism, adventure tourism and cultural tourism. There are a limited number of studies (Woo et al., 2015; Suess et al., 2018) examining the participation and support of the society for the development of health tourism and thermal tourism, which is a branch of health tourism. When the national literature is examined, a study (Bertan, 2019) that measures the perceptions of the people living in Denizli Karaayıt region about the effect of thermal health tourism in the region has been found.

There is a need for academic and scientific studies to improve health services and maintain the economic revival in the Akyazı region. The answer to the question of the level of perception of the social, environmental and cultural impact of health tourism by citizens is important for both community leaders and tourism officials. In order to enable local people to interact with different cultures, to turn a region into a center of attraction for living and to increase the general quality of life, it is necessary to develop the potential of sustainable health and thermal tourism by using the resources. Therefore, the support of the people who will be affected by the developments is important (Suess et al., 2018, p. 240). In this context, investigating

how the perceptions of the local people relating effects of health tourism affect their support towards health tourism will both fill the gap in the literature and guide investors, project managers/practitioners and policy makers in this regard.

The purpose of this study is to see how local people's opinions of the effects of health tourism in Sakarya's Akyazı area affect their support for health tourism. In line with the purpose, after introduction part, findings of study in literature, research model, hypotheses, determination of sample, research scale, analysis findings, and finally results will be given.

LITERATURE REVIEW

According to the 2018 report of the World Tourism Organization, the countries with the highest health tourism revenues are Canada, Singapore and China, respectively. In addition, their income in this field is increasing day by day. Accordingly, investments for the development of health tourism are also being increased (UNWTO, 2018, p. 1). It is clear that the growth of health tourism in these countries has an impact on a variety of areas, including social, cultural, and environmental issues. E.g; In order to ensure tourist satisfaction and create a positive destination image, natural life parks in the regions are taken under protection, recreation and activity areas are expanded, environmental and urban planning is made, organic local production activities are increased (Bertan, 2019; Naranong and Naranong, 2011). These positive developments created by the health tourism activities in a region are reflected in the attitudes-behaviors of the local people and the support they give to the development of tourism (Godovykh and Ridderstaat, 2020, p. 4). In this context, it is critical to investigate local residents' opinions of the development's effects in order to provide support for the expansion of health tourism activities and investments in the region.

According to the social change theory, if the local people have the idea that the positive aspects of tourism's different effects will outweigh the negative aspects, they will be involved in the tourism development process and contribute to tourism. In this context, in many studies, the support of local people for tourism development differs according to their perceived effects on economic, socio-cultural, environmental and quality of life (Güneş, 2014, p. 99). Of these impacts, economic benefits are the factor found to have the most positive perception on local people. According to a study conducted in Thailand, between 2008 and 2012, the income of the society increased by 50% with the development of medical tourism. In this study, not only its effect on income increase, but also the increase in employment opportunities and public-private sector investments are mentioned in terms of the development of medical tourism (Naranong and Naranong, 2011, p. 337).

Another factor affecting the support of local people for tourism development is socio-cultural benefits. There are different evaluations about this in the literature. In his study, (Bertan, 2019) revealed that the negative socio-cultural effects of thermal tourism development, such as increasing crime rates, destroying cultural

values, and overpopulation, create a higher perception on the local people. However, in the study conducted by Suess et al., (2018) in Las Vegas, they concluded that positive socio-cultural effects such as medical tourism development, meeting different cultures, increase in social activity areas, and improvement in entertainment opportunities create a higher perception on local people.

When the environmental effects of tourism development are evaluated, it can also be observed that there are evaluations for both positive and negative effects. Negative effects that are stated to have a high perception of the public; air, noise pollution, destruction of natural habitats and forests. Positive effects includes raising awareness of environmental protection, supporting efficient use of resources, etc.(Choi and Sırakaya, 2006, p. 1277).

Another factor that is stated to influence the growth of tourism on the local population is health and quality of life. In this context, the effects that increase the psychological and physical health of the local people, improve their living standards, and positively affect the behaviors of maintaining a healthy life are mentioned (Bertan, 2019; Eser and Çelik, 2018; Fleur et al., 2018).

It is stated in the study conducted by Butler, (1980) to examine the tourism life cycle that the support of the public increased due to the economic effects in the period when tourism activities first started in a region, but it would decrease due to the social and environmental factors that emerged later on. On the contrary, it is stated that the support of the local people for the development of tourism does not decrease over time and even develops gradually in the study conducted by Köleoğlu, (2018) in Çanakkale. Moreover, it has been proven by Yoon et al., (2001), which provides a basis to this study that social, cultural, economic and environmental factors have significant effects on the overall tourism impact and support of local people. It is also stated that the economic factors have the most impact in that study tested with the structural equation model. Han et al., (2011) found that social, cultural and economic factors are effective on the support given by the local people to tourism, and the levels of perception and support of the local people differ according to the socio-demographic characteristics. On the other hand, Mason and Cheyne, (2000) emphasize in their study with local people on the positive and negative effects of rural tourism in New Zealand that economic, social and cultural positive effects are more prominent. In general, in many studies (Cengiz and Kırkbir, 2007; Connell, 2013; Woo et al., 2015; Şentürk, 2019) it is seen that economic progress, increasing the quality of life, social and environmental developments have a positive and significant effect on the support given by the people to the sustainability of tourism.

Based on the studies in the literature described above, it has been determined that there is no comprehensive study examining the impact of the effects on the development of health tourism in a region on the support of the local people. It is important to carry out this study in order to fill the gap in the literature.

Based on the findings, results and recommendations of the studies conducted in the literature, the following hypotheses will be tested in order to determine the perceptions of the local people of Akyazı about the effects of health tourism in the region and the effects of these effects on the support given to the development of health tourism:

H_1: The dimension of the economic impacts of health tourism affects the total impact dimension of health tourism.

H_2: The socio-cultural impacts dimension of health tourism affects the total impact dimension of health tourism.

H_3: The dimension of health tourism's impacts on health affects the total impact dimension of health tourism.

H_4: The environmental impact dimension of health tourism affects the total impact dimension of health tourism.

H_5: The economic impact of health tourism affects the support given to health tourism.

H_6: The socio-cultural effects dimension of health tourism affects the dimension of support given to health tourism.

H_7: The health impact dimension of health tourism affects the support given to health tourism.

H_8: The environmental impact of health tourism affects the support given to health tourism.

H_9: The total effect size of health tourism affects the size of support given to health tourism.

METHODOLOGY

Sample

Before starting the study, the permission letter numbered E-26428519-044-10065 was obtained from the Sakarya University of Applied Sciences Scientific Research Ethics Committee dateded 14.04.2021. The research was carried out with the local people living in Akyazı district of Sakarya province, which has a development potential in terms of health tourism. In this context, the population of the research consists of the local people living in Akyazı district. In order to determine the sample from the research universe, the total population number (93.092) of the region in the statistical annuals of TURKSTAT, (2020) was taken as a basis. Since the number of people in the population is known, the number of samples was determined based on the formula below (Karagöz, 2019, p. 297). In order to reach the calculated sample number, convenience sampling was chosen as being one of the non-random sampling methods.

$$n = \frac{Nz^2pq}{t^2(N-1) + z^2pq}$$

n: Sample size
N: Target population size
P: Estimated percentage of the population with the characteristic in issue (taken as 0.50)
q: The rest of the estimated proportion of the population which has the attribute in question (1-p=0.50)
z: Standard value by confidence level (founds from normal distribution tables. 1.96 for 95%)
t: Confidence interval (taken as 0.05)

$$n = \frac{93092 * 1.96^2 * 0.5 * 0.5}{0.05^2 * (93092 - 1) + 1.96^2 * 0.5 * 0.5}$$

$$n = \frac{89405.5568}{233.6879} = 382.585$$

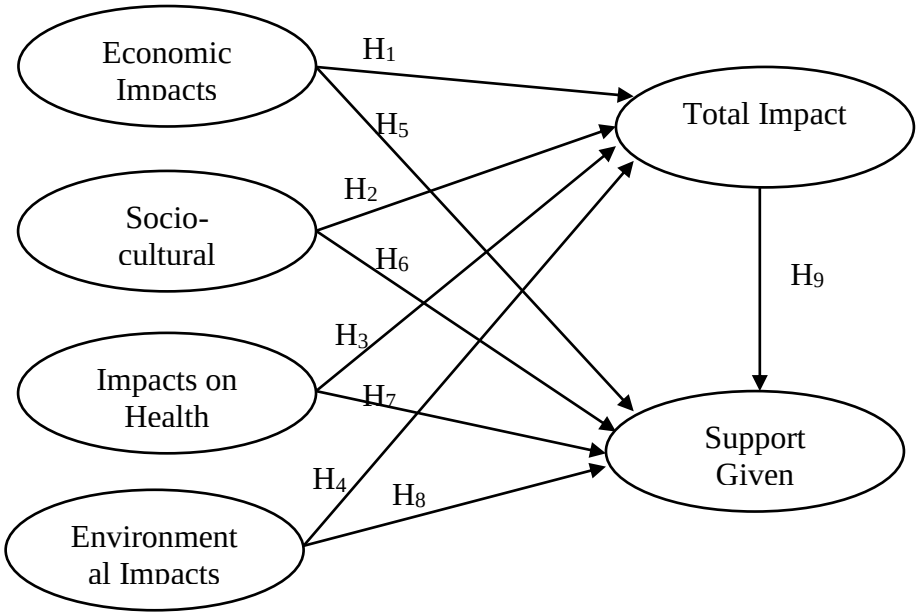
According to the formula above, the number of sufficient samples was determined as 382,585 and 392 people participated in the study. A voluntary participation form was obtained from the participants before the survey was administered.

Data Collection Tool

Research data were collected between 01/06/2021 and 22/07/2021 by face-to-face survey application. The questionnaire form was adapted according to the purpose of the current study, based on the scale developed by Yoon et al., (2001) and the Turkish validity and reliability of which was performed by Cengiz and Kırkbir, (2007). Necessary permissions were obtained from the authors in order to use the scale in this study. In addition, based on some studies in the literature (Woo et al., 2015; Suess et al., 2018; Bertan, 2019), a 4-item dimension was added to determine the effects of the improvement of health tourism on the health of the local people. The scale form consists of two parts. In the first part, there is an informed consent form to take consent and a form composed of 7 questions to determine the socio-demographic characteristics of the participants. In the second part, there are 29 items to measure the perceptions of the local people of Akyazı about the effects of health tourism improvement and their support for the development of health tourism consisting of 6 dimensions which are the dimensions of economic impacts, socio-cultural impacts, environmental impacts, impacts on health, total impacts and support. While adapting the questionnaire items from English to Turkish, the content validity was tried to be ensured by taking the opinions of 3 academicians who are experts in their fields. In this context, such expressions like "The development of health tourism ensures more

investment in the region." under the dimension of economic impacts, "The development of health tourism enables the local people to meet different cultures by increasing their interaction with health tourists." under the dimension of socio-cultural impacts, "development causes deterioration of the natural structure and green areas of the region." under the dimension of environmental impacts, "The development of health tourism increases the quality of health services that the local people can also benefit from." under the dimension of impacts on health, "Health tourism will be beneficial for the region in general." under the dimension of total impacts and "I support the development of health tourism." under the dimension of support are included. In addition, the questionnaire items were graded on a 5-point Likert scale (1=strongly disagree, ..., 5=strongly agree).

Figure 1: Model of the Study



RESULTS

Within the scope of this study, survey data were obtained from 392 participants to measure the perceptions of the local people of Akyazı about the effects of health tourism and their support for health tourism development. First of all, the data were transferred to the SPSS program and descriptive statistics were applied for socio-demographic characteristics. Confirmatory factor analysis (CFA) of the scale was performed using the SPSS 22 and AMOS 24 programs in accordance with the research data, and the research model was tested using structural equation modelling (SEM). According to the findings obtained, the results of the hypotheses were evaluated.

Table 1: Reliability, AVE and CR Values of Scale Dimensions

Dimension	Variable	Standardized Loadings	Sum Square of Standardized Loadings	AVE	Square root of AVE	CR	Cronbach's Alfa
Economic Impacts	E6	0,82	1,80	0,45	0,67	0,76	.707
	E4	0,45					
	E3	0,65					
	E1	0,71					
Socio-Cultural Impacts	SC1	0,76	1,68	0,56	0,75	0,79	.789
	SC2	0,8					
	SC3	0,68					
Environmental Impacts	EN1	0,67	1,73	0,58	0,76	0,75	.745
	EN2	0,49					
	EN6	0,66					
	EN7	0,78					
Health Impacts	H1	0,77	1,60	0,53	0,73	0,77	.768
	H2	0,7					
	H4	0,72					
Total Effects	T1	0,68	0,85	0,42	0,65	0,59	.804
	T2	0,62					
Support	S1	0,69	2,40	0,60	0,77	0,86	.855
	S2	0,8					
	S3	0,78					
	S4	0,82					
Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy: 0.859; Bartlett's test of sphericity: 2954.680 (Significant); Degree of freedom: 210; p: 0.001							

KMO was used to test the adequacy of the sample size. As a result of the test, the KMO value was 0.859 and the Bartlett test was significant ($p<0.001$) (Tabachnick and Fidell, 2015, pp. 99). Eight of the 29 items in the scale (E2, E5, E7, EN3, H3, EN4, EN5, SC5, SC4) were removed from the scale because they were overlapping items and disrupted the factor structures. In the validity study of the remaining 21 items, a 6-factor structure formed. It is seen in the Table 1 that the factor loads of the items are at a good level. According to the findings, the total explained variance of the scale was determined as 64,64%. In addition, the alpha coefficient was utilized to assess the scale's dependability. The Cronbach Alpha value of the scale was discovered to be 0.895 as a result of the investigation. This result demonstrates that the scale is quite dependable.

In the research, discriminand and convergence validity was conducted. According to the findings in Table 1, the AVE values for the dimensions of economic impact, socio-cultural impact, environmental impact, impact on health, total impact and support provided were found to be at an acceptable level. According to the literature, an AVE value of 0.50 and above is sufficient. In addition, the Square root of AVE value found for discriminand validity should be 0.70 and above in order to be acceptable (Tabachnick and Fidell, 2015, pp. 221). It is thought that the values obtained with the research findings are sufficient for this.

Confirmatory factor analysis (CFA) was performed using the AMOS 24 program to test the accuracy of the factors. The numerical value of chi-square/degree of freedom (χ^2/df) applied within the scope of confirmatory factor analysis is expected to be below 5. This value shows the compatibility of factor structures and items and the usability of the scale (Karagöz, 2019, p. 399). In addition, Byrne, (2010) and Tabachnick and Fidell, (2015) states that the tested model has an acceptable fit if the RMSEA fit index (root mean square error of approximation) value is between 0.05 and 0.08, the χ^2/df ratio is between 2 and 3, and the CFI (Comparative Fit Index), GFI (Goodness-of-fit Index), IFI (Incremental Fit Index) and NFI (Normed Fit Index) values are 0.9 and above. In this study, χ^2/df=(446.180/172)=2,594; p=0.001; RMSEA=0.064; CFI=0.902; GFI=0.906; IFI= 0.904; and NFI=0.89. As a result of the EFA and CFA analyzes, the economic effects dimension of the scale was measured with four items (E1, E3, E6, E4), socio-cultural effects with three (SC1, SC2, SC3), environmental effects with four (EN1, EN2, EN6, EN7), health effects were three (H1, H2, H4), total effect with two (TE1, TE2) and support with four items (S1, S2, S3, S4).

Table 2: Regression Analysis Results on the Effect of Scale Sub-Dimensions on the Total Impact of Health Tourism

Değişken	**β**	**Standart Hata**	**t**	**p**	**VIF**	**F**	**F anlamlılık**
Sabit		,214	8,149	,000		40,963	0,001*
Economic Impact	,244	,046	4,853	,000	1,390		
Socio-Cultural Impacts	,182	,045	3,365	,001	1,600		
Environmental Impacts	,084	,030	1,851	,065	1,127		
Health Impacts	,016	,051	,291	,771	1,683		
Total effect	,260	,039	5,096	,000	1,423		
p<0.05* Adjusted R^2: ,290 Dependent: Total effect							

According to Table 2 above, the regression analysis regarding the effect of scale dimensions on the total impact of health tourism and VIF values for multicollinearity are given. According to the literature, the VIF value should not be 10 or more. According to the research findings, it was determined that all VIF values were less than 10 and there was no multicollinearity problem between the dimensions (Bayrne, 2010, pp. 111).

Table 3: Regression Analysis Results on the Effect of Scale Sub-Dimensions on Support Given to the Development of Health Tourism

Değişken	**β**	**Standart Hata**	**t**	**p**	**VIF**	**F**	**F anlamlılık**
Sabit		,267	4,984	,001*		32,421	0,001*
Economic Impact	-,020	,059	-,397	,692	1,389		
Socio-Cultural Impacts	,202	,057	3,828	,001	1,541		
Environmental Impacts	-,015	,038	-,339	,735	1,127		
Health Impacts	,418	,060	8,202	,001*	1,434		
p<0.05* Adjusted R^2: ,287 Dependent: Support							

According to Table 3 above, the regression analysis regarding the effect of scale dimensions on the support given to the development of health tourism and VIF values for multicollinearity are given. According to the literature, the VIF value should not be 10 or more. According to the research findings, it was determined that all VIF values were less than 10 and there was no multicollinearity problem between the dimensions (Bayrne, 2010, pp. 111).

Table 4: Socio-demographic Characteristics

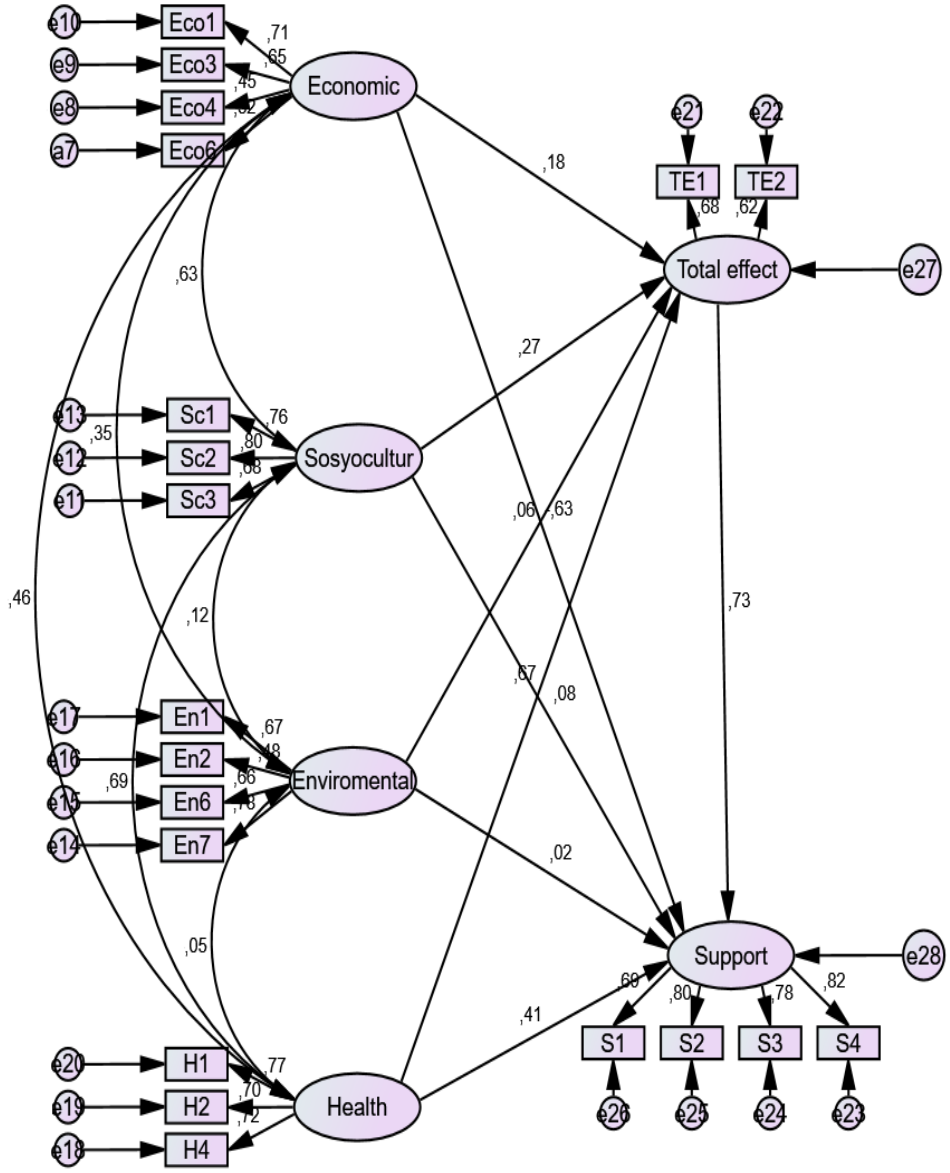
Variable	**Number (n)**	**Percentile (%)**
Gender		
Female	190	48.5
Male	202	51.5
Marital Status		
Married	234	59.7
Single	158	40.3
Age (years)		
≤ 20	16	4.1
21-30	101	25.8
31-40	99	25.3
41-50	81	20.7
≥51	95	24.2

Occupation		
Civil Servant	79	20.2
Housewife	39	9.9
Worker	52	13.3
Shopkeeper	54	13.8
Technician	41	10.5
Student	34	8.7
Educators	61	15.6
Retired	32	8.2
Educational Status		
Primary/Secondary School	46	11.7
High School	100	25.5
Vocational School	73	18.6
Bachelor	135	34.4
Master	38	9.7
Income		
≤ 3000₺	91	23.2
3001₺-5000₺	152	38.8
5001₺-7000₺	109	27.8
≥ 7001₺	40	10.2
Status to be from Akyazı		
Yes	244	62,2
No	148	37.8
Liftime in Akyazı (years)		
≤ 1	19	4.8
1-5	53	13.5
6-10	37	9.4
11-15	35	8.9
16-20	74	18.9
≥ 21	174	44.4
Total	392	100.0

The findings addressing the socio-demographic characteristics of the research participants are presented in Table 4. As a result, men account for 51.5% of the participants, while married people account for 59.7%. According to age distribution, 25.8% are 21-30 years old, 25.3% are 31-40 years old, 24.2% are 51 years old and over, 20.7% are 41-50 years old and % 4.1 of them are in the age group of 20 and under. In the meantime, 20.2% are civil servants, 15.6% are educators, 13.8% are shopkeepers, and 13.3% are workers. When their educational status is examined, 34.4% of the participants are bachelor graduates, 25.5% are high school graduates, and 18.6% are vocational school graduates. Looking at their income levels, 38.8% have 3001 TL-5000 TL, 27.8% have 5000 TL-7000 TL, 23% have 3000 TL or less income. In addition, 62.2% of the 392 participants are from Akyazı, 44.4% have been living in Akyazı for 21 years or more, 18.9% have been living in Akyazı for 16-20 years and 13.5% for 1-5 years.

The skewness (-0276) and kurtosis (0.840) values of 392 participants were calculated with the analyzes and it was determined that they showed a normal distribution since they met the -1<skewness, kurtosis<+1 condition.

Figure 2: AMOS output of SEM test pertaining to the Modal of the Study



As a result of the research model test, the above output of AMOS was obtained. Model test fit indices were examined. In this study, χ^2/df= (374.885/154)=2.434; p=0.001; RMSEA=0.061; CFI=0.918; GFI=0.916; IFI= 0.919; NFI was found to be 0.89. According to the results obtained, it was determined that the model fit tested was acceptable.

Table 5: The Effect of Health Tourism Impact Dimensions on Total Impact and Support Given

Dimensions	ρ	Standard Error	t	p
Economic Impacts→ Total Impacts	0.18	0.121	1.586	0.113
Socio-cultural Impacts→ Total Impacts	**0.268**	**0.109**	**2.134**	**0.033***
Environmental Impacts→ Total Impacts	0.056	0.039	0.774	0.439
Impacts on Health→ Total Impacts	**0.673**	**0.101**	**5.972**	**
Socio-cultural Impacts → Support on Tourism	0.085	0.111	0.617	0.537
Environmental Impacts→ Support on Tourism	0,021	0.037	0.288	0.773
Impacts on Health→ Support on Tourism	**0.408**	**0.159**	**2.141**	**0.032***
Economic Impacts→ Support on Tourism	**0.628**	**0.148**	**4.206**	**
Total Impacts→ Support on Tourism	**0.733**	**0.205**	**3.332**	**

*p<0.05, **p<0.001

When the dimensions of economic effects (estimated value=0.18; t-value=1.586), socio-cultural effects (estimated value=0.268; t-value=2.134), environmental effects (estimated value=0.056; t-value=0.774) and health When the dimensions of the effects (estimate value=0.673 t-value=5.972) are compared in Table 3, it is observed that the dimension that most affects the perceived total impacts of health tourism is impacts on health. The other dimension that significantly affects the perception of total impacts is socio-cultural impacts. On the other hand, the effect of economic and environmental impact dimensions on the perception of total impact is not significant (p>0.05). According to these findings, H_2 and H_3 hypotheses were accepted, while H_1 and H_4 were rejected. Again, according to the Table 5, impacts on health (estimated value=0.408; t-value=4.206) and economic impacts (estimated value=0.628; t-value=4.206) are the dimensions that most and significantly affecting the support given to health tourism. In addition, the total impact of the development of health tourism in the region (estimated value = 0.733 t-value = 3.332) affects the support given to the development of health tourism at a high and significant level. According to these results, H_5, H_7 and H_9 hypotheses were accepted, while H_6 and H_8 hypotheses were rejected.

DISCUSSION AND CONCLUSIONS

The purpose of this study was to assess local residents' impressions of the effects of health tourism and the support offered to the growth of health tourism in the Sakarya Akyazı area. According to the findings, health and sociocultural factors have the greatest impact on the overall impact of the development of health tourism in the region, while economic and environmental factors have little impact. There are studies in the literature with similar results that are consistent with the findings of this study. Fleur et al., (2018) investigated the factors affecting the support given by the people in the UK to the development of thermal tourism, and it was stated that the impacts on health had the most impact on the positive tourism developments in the region. Suess et al., (2018) state that the development of medical health tourism in Las Vegas has a significant impact on the socio-cultural activities of the local people. Furthermore, there are differing findings of the present study in the literature. In their study evaluating the perspectives of the local population on the development

of general tourism in Bodrum, Cengiz and Kırkbir, (2007) indicate that the effects of economic, social, cultural, and economic aspects on the total impact size are substantial. The environmental effect factor has the most impact in the associated study. In the related study, the environmental impact factor has the highest impact. In the study conducted by Köleoğlu, (2018), on the local people in Gallipoli, it was determined that economic factors have the highest impact on the effects of tourism in the region. The most important reason why the results of the present study differ from other studies might be that there are studies towards the effects of rural tourism and cultural tourism, which are different types of tourism, rather than health tourism.

According to the study's findings, the effect dimensions on economic and health have a considerable impact on the support component. The impact of environmental and sociocultural impact aspects on support for the growth of health tourism, on the other hand, isn't significant. Furthermore, the overall impact of health tourism in the region has a major and positive impact on the local people's support. In the master's thesis written by Güneş, (2014). Bertan, (2019) states that the support given to the development of tourism has increased as a result of its contribution to health conditions, in his study examining the effects of thermal tourism. In a study of the influence of holiday tourism development on the lives of people of the Australian island nation and their support, it was discovered that social impacts had a negative impact on support (Dyer et al., 2007). It was proved in a study conducted by Stylidis et al., (2014) in Greece/Kavala that the effect of socio-cultural and environmental impact dimensions on the support given by the local people to the development of tourism is significant. Also, many authors such as (Yoon et al., 2001; Cengiz and Kırkbir, 2007; Fleur et al., 2018) state that the total impacts of tourism in a region have a positive and high-level impact on the support given by the local people to tourism.

Various suggestions are made based on the findings of this study, which was performed to assess the local people of Akyazı's perceptions of the effects of health tourism and the impact of these effects on the support they offer to tourism development:

The economic impacts are the most essential aspect influencing local people's support for the development of health tourism. The newly created health facilities, in particular, will improve job prospects for the locals. Furthermore, the revenue generated by health tourists in the region will make a substantial contribution to the local economy. The growth of health tourism will also boost investment in the region's various sectors, such as hotels, restaurants, and so on. By ensuring the continuation of such good economic impacts, the local people's support for the development of health tourism should be increased.

Another important factor affecting the support given by the people of Akyazı to the development of health tourism is the impacts on health. For this reason, studies to develop health tourism should be continued by considering the health status of the local people. Complex health facilities from which local people can also benefit can

be established. Again, analysis laboratories, dialysis centers, elderly care centers, etc., additional service institutions can be established to reduce waiting times in existing health institutions, to alleviate the workload of health personnel, to provide better quality health service delivery. In this way, both the development of health tourism will be accelerated and the support given by the local people to health tourism will be increased.

According to the results of the research, it was found that socio-cultural effects did not have a significant impact on the support given to the development of health tourism. An awareness should be created about social activities, cultural activities and investments in the region will increase and this will positively affect the living status and income level of the local people with the improvement of health tourism. With the increasing demand by health tourists, intercity transportation activities will become easier and this will facilitate the travel opportunities of the local people. Local governments, tourism agencies, health institution officials can raise awareness of local people by organizing symposiums or workshops on these issues.

Environmental impacts are another factor that does not have a significant effect on the support of local people for the development of health tourism. The local people's concerns about the environmental destruction that will occur especially due to the new health facilities to be established should be reduced, and controls should be provided by the environmental and city planners to prevent such negative effects. In addition, various arrangements should be made by the governorship, district governorship, municipality and other local administrations in order to avoid negative environmental factors such as environmental pollution, crowding and noise due to the increasing population with the arrival of health tourists. For example, it is necessary to carry out road works in order to prevent the traffic density that will occur and renew the water and sewage infrastructures.

The whole impact of health tourism has a substantial favorable effect on local people's supporting the development of healthcare tourism in general. In this context, the positive effects of health tourism activities should be shared with the society and sustainability of their support should be ensured. Sustainability should be supported by ensuring the participation of the public in investments that will accelerate the development of health tourism. Local people and relevant stakeholders should cooperate in activities for the development of health tourism. Studies should be planned considering the effects of the activities to be carried out on the social, cultural, economic interests and health status of the local people.

It is thought that the findings and results obtained as a result of the research will make important contributions to the literature. Especially in the literature, there is no study evaluating the effect of the development of health tourism on a region and the perception of the public towards it. It can be said that this study contributed to the gap in the literature. The results and suggestions obtained will guide policy makers

and practitioners to ensure the sustainability of the development of health tourism in the region.

In order to ensure the sustainability of the development of health tourism in the future, it is recommended to carry out studies that evaluate the views of different stakeholders with quantitative and qualitative methods. In addition, measuring the perception of health tourists about the region and services will provide useful information on the development and sustainability of tourism.

Limitations

In this study, only the local people living in Akyazı district of Sakarya were sampled. In future studies, a more comprehensive study can be carried out by determining samples from all districts of Sakarya. In addition, it can be tested whether the support given to health tourism differs according to time by applying questionnaires on the same samples at different time intervals. However, the current study has a quantitative research model. In future studies, some points can be made about the problems created by health tourism by harnessing qualitative methods such as interviews with local people. In addition, the model is designed with four impact dimensions and can be tested with different variables such as psychological effects and political effects in future studies.

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